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CONFIRMATION NO. 3224

<b>SERIAL NUMBER</b> 09/494,278	<b>FILING OR 371(c) DATE</b> 01/30/2000 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 6061 P
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/457,226 12/08/1999 ABN  
 which is a CON of 08/844,395 04/18/1997 PAT 6,010,533  
 which is a CON of 08/631,877 04/16/1996 PAT 5,645,601  
 which is a CON of 08/289,696 08/12/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 04/12/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 43	<b>TOTAL CLAIMS</b> 100	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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**TITLE**  
 PROSTHETIC KNEE JOINT HAVING A LEAST ONE DIAMOND ARTICULATION SURFACE

<b>FILING FEE RECEIVED</b> 1143	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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